



APPLICATION FOR BURIAL

State Form 48554 (R4 / 6-05)

STATE OF INDIANA
INDIANA VETERANS MEMORIAL CEMETERY
1415 NORTH GATE ROAD
MADISON, IN 47250
Telephone: 812-273-9220
Fax: 812-273-9221

Is the Veteran Deceased? _____

Veteran's Name _____
First Middle Last

Address _____
Street City State Zip

Telephone - Home: _____ Work: _____

Date Entered Service _____ Date Separated _____

Branch of Service _____ Highest Rank Achieved _____

Social Security # _____ Type of Discharge _____

Veteran's Date of Birth _____ Service Number (If Any) _____

Does veteran receive VA Disability Compensation or Pension? If so – VA Claim # _____

Veteran was a resident of (for at least 3 years): Indiana _____ Kentucky _____ Ohio _____

Does spouse or eligible dependent wish to be buried with veteran? _____
Yes or No

DOCUMENTATION OF DEPENDENT STATUS MUST BE PROVIDED FOR ELIGIBLE DEPENDENT.

Name of Spouse _____
First Middle Last

Date of Birth _____ Social Security Number _____

Signature of Veteran/Spouse/Next of Kin _____ Date _____
The above statements are true and accurate to the best of my knowledge.

Please submit this application and a copy of your Discharge or DD-214 (DO NOT SEND ORIGINAL) to:

INDIANA VETERANS MEMORIAL CEMETERY
at above-listed Address, Fax, or E-mail: ivmc@seidata.com

This agency is requesting the disclosure of your Social Security number in accordance with IC 10-5-25. Disclosure is mandatory, this request can no be processed without it.

TO BE COMPLETED BY AGENCY ONLY:

Approved: _____ Approved: _____ Disapproved: _____
Indiana Resident Out of State Resident

Signature _____ Date _____
Invalid without raised State Seal

Eligibility criteria are subject to change. More specific information is available upon request.